

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 491.98	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4126
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		2213.91	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 2023.24	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4154
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate MARK L PRYOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		9104.58	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2515.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00524454	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 3625.03	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4155
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate MARK E UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		16312.64	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 3159.21	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4156
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate MARY L LANDRIEU		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		14216.43	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	6784.24
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 3724.72	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4157
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate AL FRANKEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 16761.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 711.60	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4158
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate JOHN E WALSH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 3202.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4436.32
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 946.49	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4159
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		4259.20	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 6801.78	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4160
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate KAY R HAGAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		30608.02	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7748.27
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 2763.41	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4161
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate JEFFREY A MERKLEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		12435.36	

Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2014	
Mailing Address 325 SPRINGSIDE DR		Amount 5752.54	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4162
Purpose of Expenditure VOTER CONTACT CALLS (4/01 - 4/07/2014)		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014
Name of Federal Candidate MARK J WARNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		25886.43	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8515.95
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	30000.00

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